



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: end 5/31/2023
Non-Profit Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
JUN -1 2023
BY 203
ES

1. Entity ID Number 524207		2. Exact name of the Corporation TAXPAYERS' ASSOCIATION OF JAMESTOWN			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code 813319					
6. Principal Office Address 21 BAY VIEW DRIVE		City JAMESTOWN		State RI	Zip 02835
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARY LOU SANBORN			Vice-President Name ANN GAGNON		
Street Address 21 BAY VIEW DRIVE			Street Address 10 CHAMPLIN WAY		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
Secretary Name LINDA J. JAMISON			Treasurer Name LINDA J. JAMISON		
Street Address 7 OCEAN AVE			Street Address 7 OCEAN AVE		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GARY GIRARD			Director Name DAVID H. JAMISON		
Street Address 39 SEASIDE DRIVE			Street Address 97 SLOOP STREET		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative LINDA J. JAMISON					Date 5/26/2023
Signature of Officer/Authorized Representative 					

MAIL TO:
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